



# SACRAMENTO STATE

Information Resources & Technology

Date Called:

Assistant: (Print)

Called:  Emailed:

## Automatic Test Scoring Process Form (No. 4521)

### A. Please Print the following Information:

Full Name:

Phone:

Department Extension:

Department:

Email Address:

SacLink ID:

### B. Please Fill in the following Examination Information:

Course Number:

Section Number:

Examination Title:

Number of Last Question on Exam:

### C. Please Fill in the following Scoring Information: (Total Points for Exam Cannot Exceed 200, No Partial Points)

Points per Question:

No Partial Points:

YES

Assign Different Values for Questions:

Specify Questions to Delete:

Notes:

Total Fewer Than 200:

YES

### D. Data Center Only:

Date Processed:

Number of Exams:

Filename:

Processed By:

Comments:

Batch Number:

### E. Help Desk Only:

Time Stamp In:

Log Number:

Picked Up By:

Time Stamp Out:

Receiving Assistant: (Print)

Releasing Assistant: (Print)

Key Included:

YES

All Tests Face Up:

YES

No Multiple Answers on Key:

YES